

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

Brooker

10/649636

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3		2		
5		0		0		
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10		0		0		
11	1		1			
12	1		1			
13			1			
14			1			
15			1			
16					1	
17						1
18						1
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TOTAL IND.	2	↓	6	↓	3	↓
TOTAL DEP.	11	↓	10	↓	9	↓
TOTAL CLAIMS	13		16		12	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY